



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-508-0951

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

October 24, 2005

MEMORANDUM

To: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs
State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Mike Moseley

Re: Communication Bulletin #049 – Letter of Support



As a result of a revision to G.S. 122C-233.1: Licensure of Residential Treatment Facilities, Providers applying for licensure for a residential facility are required to seek a letter of support from the local management entity. This communication provides guidance to both providers and Local Management Entities by identifying a standardized process in fulfillment of the requirements set forth in G.S. 122C-233.1.

The standardized process is initiated when a provider submits a request in writing to the LME and includes the following information:

1. Type of license (service category) requested per APSM 30-1, to include license capacity (number of beds), service definition per DMHDDSAS and specific location of the facility (physical address)
2. Program Description
3. Population to be served, indicating if this is a specialized and/or under served population for the catchment area
4. Designated point of contact within the provider agency: name, position title, phone number, e-mail address, fax number

If the request is for a facility licensed under Section .5600-Supervised Living for Individuals of all Disability Groups, the LME may assume that there is a need for such facilities. There is a significant demand for facilities in this category (DDA Group Homes, Halfway Houses, Assisted Living facilities, AFLs) and until the need is addressed and individuals can be successfully returned to the communities of their choice from hospitals, all requests will be processed. In order to comply with the legislative requirement, the LME should indicate the member of existing .5600 beds of the type requested and indicate a need for a significant number of additional beds.



Since PRTF and Level IV facilities are needed to meet regional or statewide needs, DMH/DD/SAS will establish need criteria on a statewide basis for these facilities. All requests for letters of support will be processed until DMH/DD/SAS notifies the LME that the need has been met. This information will be mailed to LMEs under separate cover on December 1, 2005.

Consequently, LMEs must determine the need for Children's Residential Treatment Level II Program type and Level III homes in their catchment area prior to any decision regarding support for these facilities. The standardized process for determining a need for Level II and III homes includes the following:

- 1) Determine the number of licensed facilities of a particular type in a catchment area, including the number of beds.
- 2) Determine the average number of children from the catchment area by type, regardless of where the service was delivered in the previous year, multiplied by 110%.
- 3) The difference between #1 and #2 is the number of additional beds needed in the catchment area (or indicator of excess bed capacity).
- 4) LMEs should respond to requests as they come in, with a proposed turn around response time by the LME of 3-5 business days.
- 5) The LME should issue an RFI if there is a need in a county or catchment area for a specialized facility.

The Local Management Entities (LME) are required to reply to the Providers request by indicating that there is (or is not) a need for the type of facility in the specified LME catchment area. The provider request for the letter of support and the LME issued letter will be forwarded to the Division of MH/DD/SAS and the Division of Facility Service (DFS), North Carolina Department of Human Services, for any provider requesting residential licensure.

Attached to this communication is the standardized letter to be used by the LME when communicating with providers who have requested a letter of support. If you have questions regarding this communication please refer such inquiries to Dick.Oliver@ncmail.net.

cc: Secretary Carmen Hooker Odom
Dr. Allen Dobson
Allyn Guffey
Dan Stewart
DMH/DD/SAS Executive Leadership Team
DMH/DD/SAS Staff
Rob Lamme
Rich Slipsky
Wayne Williams
Kaye Holder
Carol Duncan Clayton
Patrice Roesler
Coalition 2001 Chair
Bob Fitzgerald
Stephanie Alexander

